Codi Llais **Heb Ofn**
Speaking Up **Safely**

GIG CYMRU NHS WALES

Llywodraeth Cymru
Welsh Government

Speaking up **Safely**

A Framework for the NHS in Wales

Supporting people to **speak up safely and with confidence**



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1. NHS Wales and the broader policy context

The principles and practices associated with Speaking Up Safely outlined in this framework document should be considered within the broader NHS Wales and UK policy context. Speaking Up Safely is an initiative which supports, rather than replaces, existing policy, such as:

- **Procedure for NHS Staff to Raise Concerns**
- **NHS Wales Policy: Respect and Resolution**
- **Welsh Government Law: The Health and Social Care (Quality and Engagement) (Wales) Act**
- **UK healthcare regulation: e.g. codes of practice provided by the NMC, HCPC and GMC**
- **UK Law: Public Interest Disclosure Act 1998**

The Speaking Up Safely Framework has also been informed by international guidelines[1,2] and research evidence[3, 4, 5].

Whistleblowing and Protected Disclosures - Definitions

'Whistleblowing' is the popular term applied to a situation where an employee, former employee or member of an organisation raises concerns to people who have the power and presumed willingness to take corrective action. 'Protected disclosure' is the legal term for whistleblowing and is referenced in the context of describing the protection that is afforded to the person raising the concern in the interest of the public.

1. ISO 37002:2021 Whistleblowing management systems — Guidelines **https://www.iso.org/standard/65035.html**
2. UNODC (2021) Speak up for health! Guidelines to enable whistle-blower protection In the health-care sector
3. Jones A et al (2022) Evaluation of the implementation of Freedom to Speak Up Local Guardians in NHS Acute Hospital Trusts and Mental Health Trusts in England **https://funding awards.nihr.ac.uk/award/16/116/25**
4. Jones, A et al (2021) Interventions promoting employee "speaking-up" within healthcare workplaces: a systematic narrative review of the international literature. Health Policy 125 (3), pp. 375–384
5. Jones, A. and Kelly, D. M. (2014) **Whistle-blowing and workplace culture in older peoples' care: qualitative insights from the healthcare and social care workforce**. Sociology of Health and Illness 36 (7), pp. 986–1002.



2. Introduction

Following the publication of **A Healthier Wales** and the creation of the **Workforce Strategy for Health and Social Care**, it became clear that NHS Wales needed to develop its approach to organisational culture and behaviour. This links to the approach of developing healthy working relationships which aims to foster more compassionate, collective, healthier and fairer behaviours, workplaces and organisations. It is recognised that there are key pan-NHS Wales opportunities to lever change including **leadership development**, changing targets/ focus (such as colleagues' experiences of work) and using people 'policies'.

This Framework sets out the responsibilities of organisations, their executive teams and boards, along with those of managers and individual members of staff (and volunteers) in creating a culture in which 'Speaking Up', alongside timely and appropriate response to any concerns raised, is supported within a safe environment. This Framework will be supported in its implementation by a series of toolkits.

Having effective arrangements which enable staff to speak up (also referred to as 'raising a concern') helps to protect patients, the public and the NHS workforce, as well as helping to improve our population's experience of healthcare. It is essential to ensure that all individuals have a voice, are listened to, and receive a timely and appropriate response.

This Framework will support organisations to create that culture; one where individuals feel safe and able to speak up about anything that gets in the way of delivering safe, high-quality care or which negatively affects their experience. This includes, but is not limited to, matters related to patient safety, safe staffing, the quality of care, bullying and harassment (and cultures which enable this), as well as financial malpractice or fraud.

To support this, leaders and managers need to be willing to listen, and to be open to constructive challenge. Speaking up and bringing these issues into the open is a brave and vulnerable thing to do, and therefore should be welcomed and seen as an opportunity to listen, learn and improve.

This is the Framework that organisations, departments and teams are required to follow in order to establish and sustain a culture where no individual will suffer victimisation or detrimental treatment as a result of speaking up, and where organisations learn and improve as a result of listening and responding to concerns raised.

Not all sections of this framework will be relevant to everybody. However, while it is clear who the relevant sections are intended for, depending on your role within the NHS you may wish to familiarise yourself with sections which may not initially be relevant to you.

3. Principles of Speaking Up Safely

3.1 All those engaged with the NHS have a contractual right and duty to raise genuine concerns with their employer about malpractice, patient safety, financial impropriety or any other serious risks they consider to be in the public interest. In addition, staff have duties imposed upon them to raise such concerns by their respective professional regulatory bodies.

3.2 All organisations recognise the need to continuously improve to make every effort to address and correct issues threatening patient safety as quickly as possible, to work with colleagues to this end and to ensure that at all times they do all they can to act on the side of the solution. Consciously creating culture of 'Speaking Up Safely' is key to this aim.

3.3 All organisations, departments and teams have a duty to create a culture where individuals know how to raise a concern, are aware of the process that will follow, and where they can be confident that if they do raise a concern, they will receive support without experiencing personal or professional detriment.

3.4 It is not necessary for an individual to have concrete proof of an act that they wish to report – a reasonable belief is sufficient. Individuals are encouraged to raise any concern at the earliest opportunity so that there is time to assess the issues within a supportive environment.

3.5 Individuals who speak up do not have responsibility themselves for investigating the matter (where this is required). It is the organisation's responsibility to ensure that where appropriate, an investigation takes place.

3.6 Organisations also have responsibility to ensure that those responding to concerns are prepared and supported to respond promptly or are able to delegate to someone who can. Managers will have training on how to deal with concerns that have been raised.

3.7 Organisations should encourage individuals to raise concerns using the designated procedure in the first instance. If an individual is not sure whether or not to raise a concern, they should discuss the issue with a manager or the Workforce and OD department or for those registered with a trade/professional union, with their representative or their trade/professional union's employment advice service.

3.8 In line with NHS Wales policy,individuals are encouraged to raise the concerns within the organisation at the earliest possible opportunity. This framework seeks to ensure that the organisation has the appropriate mechanisms and culture in place through which concerns will be appropriately addressed.

3.9 If an individual speaks up or raises a concern in Welsh, it will not be treated any less favourably than if it had been raised in English. Individuals speaking up in Welsh can expect any subsequent written correspondence or response in Welsh. If meetings are arranged about the concern, the organisation will actively offer to conduct the meeting in Welsh.

3.10 Any matter raised will be reviewed thoroughly, promptly and confidentially, and the individual raising a concern will receive appropriate feedback (see Toolkits 2 and 3).

3.11 If an individual raises a genuine concern, they will not be at risk of losing their job or suffer any detriment. Where an individual (who has raised concerns) may nonetheless be at risk of or fear detriment or any potential harm by continuing to work in their existing

role or place of work, suitable action will be taken, in agreement with the individual, which could include redeployment.

3.12 Victimisation or harassment of an individual for speaking up / raising concerns will be considered a serious disciplinary offence, as will any action to 'cover-up' or wilfully ignore concerns.

3.13 Individuals are encouraged to raise concerns openly. However, there may be circumstances when individuals may request that their identity is not revealed. In this case, the organisation will not disclose their identity without their consent unless required to by law. There may, however, be times when the organisation may be unable to resolve a concern without revealing the individual's identity, for example where personal evidence is essential. In such cases, the organisation will discuss with the individual whether and how the matter can best proceed. Where the concern is a matter of staff or patient safety in line with Duty of Care, there may well be a need for escalation and anonymity may not be able to be maintained. Where this cannot be avoided, however, this will be made clear to the individual who has raised the concern.

3.14 Where an anonymous concern is received, a designated contact will still examine the contents of the concern with relevant senior managers and investigate where necessary. However, without the investigator being able to talk to the individual(s) who has (have) raised the concern and without possibly being able to attain any additional facts as a result, it needs to be recognised that it may be difficult for a full investigation to be undertaken. In these circumstances, supporting and protecting the individual, or giving them feedback, may be very difficult. Accordingly, The individual may not be able to be provided the assurances offered above. Organisations should routinely consider, log and monitor anonymous concerns.

3.15 All managers will have discussions within the PADR (Performance and Development Review) process about speaking up if staff members have any concerns, as well as within their own PADR in respect of dealing with concerns when they arise.

3.16 Organisations should identify an Independent Member/Non-Executive Director to act as a 'Speaking Up Safely Board Champion' and an Executive Director as 'Speaking Up Safely Executive Lead', as a minimum, and may wish to appoint additional roles for speaking up. As a minimum, organisations should ensure that those with responsibility for speaking up are sufficiently independent to provide staff with confidence when speaking up.



4. Expectations

Every employee involved in the NHS in Wales will have certain expectations placed upon them in relation to speaking up safely. The following sets out what those expectations are at different levels and roles within organisations.

4.1 Employees

All NHS Wales employees have a role in identifying issues and speaking up. Registered staff also have a professional responsibilities to identify and speak up appropriately. The following are expectations of all employees in the NHS.

- Behave in a way that encourages individuals to speak up.
- Where you have concerns, ensure these are raised in a timely and appropriate manner in line with local policies and procedures.
- Encourage and be supportive of those who speak up.
- Do not victimise, bully or discriminate.
- Embrace speaking up as an opportunity to learn and grow as an individual and as a team, as well as for the organisation as a whole.
- Utilise Toolkit 2 in this framework when speaking up.

4.2 Line Managers

All managers have a responsibility for creating a 'psychologically safe' culture which enables individuals to highlight problems and make suggestions for improvement. Speaking Up Safely is a fundamental part of that. An organisational or departmental culture of bullying and harassment, or one that is not welcoming of new ideas or different perspectives, will prevent individuals from speaking up, put patients at risk, affect many aspects of the well-being and working lives of staff, and reduce the likelihood that improvements can be made. Managers, as leaders, should understand the impact their behaviour can have on an organisation's culture and therefore how important it is that they reflect on whether their behaviour may inhibit or encourage someone from speaking up (See Toolkit 3).

Line Managers will:

- Be able to articulate both the importance of workers feeling able to speak up and how they will enable this within the organisation's vision.
- Speak up, listen and act (see Toolkit 3).
- Be visible and approachable and welcome staff who wish to speak up.
- Have insight into how their power and position could silence individuals, and how their own unconscious bias and belief systems could impact on how they receive individuals who speak up.
- Thank workers who speak up.
- Demonstrate that they have heard when workers speak up by providing feedback.
- Seek feedback from peers and workers to help them reflect on how effectively they demonstrate the organisation's values and behaviours.
- Accept challenging feedback constructively, publicly acknowledge mistakes and make improvements.

4.3 Boards

NHS Organisations in Wales are expected to implement the Speaking Up Safely approach outlined in this framework (see Toolkit 1). The Board should take into account the toolkits attached and align with the All-Wales branding that ensures individuals who move from one NHS Wales organisation to another can easily identify with the 'Speaking Up Safely' approach.

The Board should demonstrate its commitment to creating an open and honest culture where workers feel safe to speak up by:

- Having named Executive and Independent Member/Non-Executive Directors Leads responsible for speaking up.
- Acting as role models within the organisation.
- Including speaking up and other related cultural issues in board development programmes and Staff Partnership Fora.

- Having a sustained and ongoing focus on the reduction of bullying, harassment and incivility.
- Sending out clear and repeated messages that it will not tolerate the victimisation of workers who have spoken up, and taking action should this occur, with these messages echoed in relevant policies and training.
- Investing in sustained and continuous leadership development.
- Ensuring the organisation has an appropriately resourced Speaking up Safely approach and champion model.
- Supporting the creation of an effective communication and engagement strategy that encourages and enables workers to speak up, and promotes changes made as a result of speaking up.
- Inviting individuals who speak up to present their experiences in person to the board and staff partnership fora.
- Monitoring the extent to which concerns are being raised and addressed, and identifying learning and improvement needs as a result.

4.4 Independent Member/Non-Executive Director 'Board Champion' for Speaking Up Safely

The Independent Member / Non-Executive Director Champion for Speaking Up Safely is a senior, independent lead role specific to organisations with boards.

They should:

- Hold the Board and the Executive Team to account in the delivery of a Speaking up Safely culture.
- Seek assurance that the Board responsibilities and expectations of this framework are implemented.
- Be a 'fresh pair of eyes' to ensure that investigations are conducted with rigour and to help escalate issues, where needed.
- Have appropriate knowledge of Speaking Up Safely and be able to readily articulate:
  - why a healthy speaking-up culture is vital;
  - the indicators of a healthy speaking-up culture;
  - the indicators that there is sufficient support for speaking up and wider culture transformation;
  - the red flags that should trigger concern.
- Constructively challenge the most senior people in the organisation to reflect on whether they could do more to create a healthy, effective speaking-up culture. This might involve constructively raising awareness about poor behaviours.
- Be accessible to staff to provide support and guidance on how to and where to go to for advice and representation in Speaking Up Safely issues (with a clear delineation of roles). Independent members will not advocate, advise or represent employees in speaking up safely concerns.

Organisations/Hosted Organisations without Boards are likely to benefit from having an equivalent role.

4.5 Executive Leads for Speaking Up Safely

Having an Executive Lead for Speaking Up Safely helps demonstrate the organisation's commitment to speaking up. Importantly, this person should be widely considered a credible role-model of the behaviours that encourage speaking up. They should be able to show that they are clear about their role and responsibility, and to evidence how they have helped improve the organisation's speaking-up culture.

The Executive Lead should be accountable for:

- Co-designing, with the wider Executive Team, a plan for Speaking Up Safely, and implementing a Speaking Up Safely culture.
- Implementation and delivery, with the wider Executive Team, of a Speaking Up Safely Culture.
- Evaluating speaking-up arrangements and gaining assurance that the experience of workers who speak up is a positive one.
- Ensuring there is appropriate resource for Speaking Up Safely.
- How the organisation periodically reviews its speaking up safely arrangements.
- Ensuring there is a link to learning from events/incidents processes, and organisational governance arrangements.
- Liaising with the Independent Member/Non-Executive Director Champion.
- Providing the Board with assurance around all of the above.

5. Implementing and improving a Speaking Up Safely Culture

5.1 Implementation of Speaking Up Safety culture

In order to implement this framework, it is expected that organisations have a clear vision for the speaking up culture that links the importance of encouraging individuals to speak up with patient safety, staff experience and continuous improvement. Co-designing, implementing and improving a Speaking Up Safely culture should always be undertaken in social partnership. Toolkit 1 provides further information

Organisations will need to, in social partnership, develop a plan of how to deliver this framework. This should be led by the Executive Lead for Speaking Up Safely. The plan should also be informed by key Speaking Up Safely stakeholders, such as Trade Unions, HR, OD and those representing minority communities. The Board should discuss and agree the plan and be provided with regular updates. The plan and ongoing review is co-produced with the organisation's staff partnership arrangements, staff networks and organisational engagement arrangements.

Among other things, the Executive Lead for Speaking Up Safely and the IM/NED Speaking Up Safely Champion will:

- Review the plan annually in social partnership, including how it fits with the overall organisational strategy, using a range of qualitative and quantitative measures.
- Assess what has been achieved and what more there is to do, using a continuous improvement approach.
- Identify the barriers to Speaking Up and how they will be overcome.
- Identify whether the right indicators are being used to measure success (see Toolkit 4).
- Help drive collaboration on an All-Wales basis to deliver, as far as possible, a consistency of approach to Speaking Up Safely across organisations, noting local and organisational context.

5.2 Be assured your Speaking Up Safely Culture is Healthy and Effective

The Board must be continuously assured that individuals will speak up about things that get in the way of providing safe and effective care and that this will improve the experience of patients and staff. Boards should not assume that the Speaking Up Safely culture is static; culture can improve, regress or stagnate for a variety of reasons, and sub-cultures will exist within organisations. Boards must monitor trends in the reasons for staff speaking up. Boards will also need further assurance when there have been significant changes, where changes are planned, or there have been negative experiences such as:

- Before a significant change (such as a merger or major service change).
- When an investigation has identified a team or department has been poorly led, or a culture of bullying has developed.
- When there has been a significant service failing.
- Following a Healthcare Inspectorate Wales inspection where concerns have been identified.
- Following a triangulation of data from a range of sources such as turnover, exit interviews, TU colleague feedback, staff surveys, grievances, work-related stress sickness, and clinical/operational indicators (See toolkit 4).

It is the Executive Lead's responsibility, supported by and in conjunction with the wider-Executive Team, to ensure that the Board receives a range of assurance and regular updates in relation to the Speaking Up Safely plan and implementation

of this framework. The organisation's Speaking Up Safely arrangements must be based on the most recent NHS Wales policy and legal requirements (see examples on page 2 of this document). If the Board is not assured its staff feel confident and safe to speak up, it should consider requesting remedial action to address any concerns.
The Board should use a range of resources for developing and monitoring its Speaking Up Safely culture. Toolkit 4 should be considered as a basis for the information that organisations should collect to inform their understanding of the cultures within their organisation.

5.3 Be open and transparent with external stakeholders

A healthy Speaking Up Safely culture is created by organisations and Boards that are open and transparent and see speaking up as an opportunity to learn. Executives are required to routinely discuss challenges and opportunities presented. The Board will welcome engagement with, and feedback from, these stakeholders.
The Board is required to regularly discuss progress in this area (respecting the confidentiality of individuals), along with themes and issues arising from the Speaking Up Safely approach. Regular and in-depth reviews of leadership and governance arrangements in relation to Speaking Up Safely will help organisations to identify areas for further development.



6. Requirements for organisations

Organisations will:

a. Appoint an Independent Member/ Non-Executive Director as Speaking Up Safely Champion as well as an Executive Lead.

b. Ensure adequate investment that provides sufficient resource to support the continuous development of the organisational Speaking Up Safely approach and associated culture change.

c. Embed Speaking Up Safely in the functions of a board committee, which can be an existing committee, to support the champion/lead for speaking up in terms of guiding the organisation's approach. Membership of the committee should consist of a range of key stakeholders, including (but not limited to) some of those identified in Section 4.

d. Ensure that clear and easy to follow processes are in place to allow individuals to raise concerns (including anonymously). The NHS Wales Procedure for Staff to Raise Concerns is a necessary minimum standard, but is not in itself sufficient for facilitating and supporting a Speak Up Safely culture.

e. Identify those groups which experience the most barriers when speaking up and ensure that processes are inclusive and equitable.

f. Ensure that the response mechanism/process is continuously monitored, clear and timely (equally as important as the procedure to raise concerns – see Toolkit 4).

g. Ensure that individuals speaking up do not suffer detriment as a result of raising concerns.

h. Undertake regular reviews of responses, as well as of the leadership and governance arrangements in place, and provide regular reports to the appropriate committee.

i. Ensure that arrangements are in place to monitor concerns/issued raised against the protected characteristics of the Equality Act 2010 and the implementation of any learning as a result of this.

j. Request feedback from all individuals who have spoken up and evaluate the feedback received (consider inviting a sample of individuals who have spoken up to attend committees and Board meetings to discuss experiences and share learning).

k. Fully implement the All-Wales branding/messaging for Speaking Up Safely.

l. Continuously/consistently promote and raise awareness of speaking up and listening/responding as a pro-social/desirable behaviour.

m. Ensure that appropriate training to deliver a Speaking Up Safely culture is rolled out to leaders, managers and staff throughout the organisation, as part of leadership and management development arrangements.

Toolkit 1: **Co-designing and implementing a Speaking Up Safely Culture**

Introduction

This framework provides an outline of the process of Speaking Up, but organisations will need to develop their Speaking Up Safely culture. There may also need to be local difference to the process of speaking up in each organisation. This toolkit provides a guide that NHS organisations must follow to co-design and implement a Speaking Up Safely culture.

Section One:
What needs to be in place to develop a Speaking up Safely culture

Organisations need to ensure that their values and cultures create healthy speaking up environments in the workplace that provide the space for people to be listened to and taken seriously. This is essential in a safety culture and should be part of normal business for every individual in every organisation.

For staff in the NHS to feel safe speaking up, the following elements need to be implemented:

- Staff can have open conversations with managers, and managers listen.
- There is mutual trust between the person raising the concern and the person listening.
- Leaders display and encourage the behaviours required for staff to feel listened to.
- The approach uses psychological safety principles to create the conditions for people to be able to speak up.
- Organisations will ensure individuals are not penalised for highlighting mistakes, failures or concerns. Where psychologically safety is lacking, employees are less likely to speak up and challenge inappropriate behaviours of colleagues or superiors.
- Organisations should recognise that individuals with protected characteristics are often more likely to be on the receiving end of poor practices, harassment or bullying. They are also least likely to speak up due to the fear of reprisals. This needs to be considered in the local approach and implementation.
- Feedback should be provided to individuals who raise concerns especially in relation to actions implemented

What organisations should do to co-produce their Speaking Up Safely culture and local processes

Organisations will be expected to co-produce their Speaking Up Safely culture and systems with trade / professional union partners, staff with protected characteristics, those with lived experience, and staff from ethnically and culturally diverse backgrounds. This approach is required to ensure the process is relevant and purposeful to those who may speak up.

Organisations should consider the following key principles when planning and co-designing a co-production approach:

1. Encourage active participation, the sharing of experience, and welcome diverse ideas and suggestions.
2. Engage in genuine dialogue around diverse perspectives and be open to the idea that all parties can be mutually influenced by the experience and ideas of others. Avoid the perception that decisions have already been made by a small number of senior people.

3. Consider how you can host events and conversations where differences of power, status, perceived expertise and privilege are minimised between those participating, i.e., leaders, staff, partners and stakeholders, and those with and without protected characteristics.
4. Actively listen so that there is a shared experience of inquiry, reflection, dialogue and shared discovery.

Consider the following when planning your co-production approach:

People –
who needs to be in the conversation with us?

Invitation –
how will we invite people into the conversation with us so as they want to be involved, and are able to participate?

Power and Privilege –
how will we acknowledge and work constructively with differences of power and privilege to ensure equity of contribution?

Inviting all to have their say –
how do we structure this conversation so that everyone gets time and has their voice heard?

Interface –
where and how will we meet (in person, online)?

Agreeing the practicalities –
how often should we meet, and for what time duration?

Finding shared meaning –
what are the common themes or sense of shared purpose that ties this all together?

Goals –
what are we hoping to achieve together?

How to respond best to disagreement and conflict –
how we will respond to any breakdowns in communication? What is our agreed way of doing this?

Section Two:
Guiding Principles, Process and Learning

- Map what staff, partners and stakeholders would see as the organisational barriers and enablers to Speaking Up Safely; co-produce interventions to reduce and remove barriers, monitor the effectiveness of these interventions, and share and implement enablers of speaking up.
- Widely and consistently communicate the agreed systems, processes for and learning from Speaking Up Safely.
- Ensure procedures for receiving, reviewing and responding to speaking up concerns are timely, transparent and regularly evaluated to ensure they are fit for purpose and able to reassure staff that the process will support them when raising their concerns.
- Use the lived experience of staff and others to help recognise the ways in which power and privilege manifest in the organisation and can become barriers to staff speaking up.
- Provide bias and cultural awareness training and/or supervision for those who will hear the concerns staff members raise – to ensure the diverse needs of staff with protected characteristics can be openly received, are not potentially dismissed due to possible differences in peoples' lived experiences, beliefs and views.
- Build anonymity into speaking up processes for those staff who fear detriment from publicly speaking out.
- Develop the skills of leaders to be able to listen to concerns openly, transparently and without prejudice and enable leaders to act on concerns raised. Leaders should demonstrate their skills in these areas in order to support a speaking up culture.
- Ensure there is timely access to staff support and wellbeing services – as speaking up can impact on the psychological health of staff.
- Review organisational data (as per Toolkit 4) with social partners through the organisation's board-level committee structure.
- Where staff experience detriment from speaking up, actively utilise restorative justice practices to address this, as per the All-Wales Respect and Resolution policy and process.

Section Three:
Questions to consider when co-producing the approach

- Who needs to be in this conversation – who has an important perspective, experience, or stake in the development of a Speaking Up culture?
- What processes can be developed for acknowledging and addressing issues when they arise? How can the organisation collaborate with staff, partners, and other stakeholders to ensure these processes are fair and supportive?
- How is learning shared across the organisation – at individual, team and service level, as well as more widely?
- How will the organisation engage with staff from diverse backgrounds, ethnicities and cultures to;
  - ensure their lived experiences improve your speaking up processes?
  - address issues related to bias, discrimination and inequity?
  - review whether organisational policies and processes might be unintentionally causing inequity and inequality?
- How can the organisation explore the ways in which hierarchy, entitlement, power and privilege might be marginalising and disadvantaging individuals groups?
- How can the organisation encourage and support this type of reflective conversation?
- How will the organisation identify barriers to speaking up within it? What actions can be taken to address and resolve any barriers when identified?

Resources

- National Guardians Office for England: **https://nationalguardian.org.uk/**
- HIW Guidance on Speaking Up: **https://hiw.org.uk/speaking-keep-people-safe**
- HEIW – Healthy Working Relationships: **https://nhswalesleadershipportal.heiw.wales/healthy-working-relationships**
- Just and Restorative Culture: **NHS England » A just culture guide**; **The Mersey Care Just and Learning Culture**
- Epistemic Injustice: **Epistemic Injustice | Department of Philosophy | University of Bristol**
- BMJ Research Article on Speaking Up and Culture within the NHS: **Inter-professional model on speaking up behaviour in healthcare professionals: a qualitative study | BMJ Leader**

Toolkit 2: **How to Speak Up**

Introduction

Our NHS Wales workforce goes above and beyond every day, and its dedicated efforts and commitment to services is inspirational. Yet there are times when things just don't go right, where there are issues or concerns, or there is a fear for patient care and colleague well-being. The need for Speaking Up Safely is a vital component for any NHS organisational culture and highlighted in reports from Francis (2015) and, more recently, Ockenden (2022).

The Francis report highlighted:

"Every organisation involved in providing NHS healthcare should actively foster a culture of safety and learning in which all staff feel safe to raise concerns.

"Raising concerns should be part of the normal routine business of any well-led NHS organisation.

"Freedom to speak up about concerns depends on staff being able to work in a culture which is free from bullying and other oppressive behaviours.

"All NHS organisations should ensure that there is a range of persons to whom concerns can be reported easily and without formality. They should also provide staff who raise concerns with ready access to mentoring, advocacy, advice and counselling"

How to Speak Up Safely in your organisation

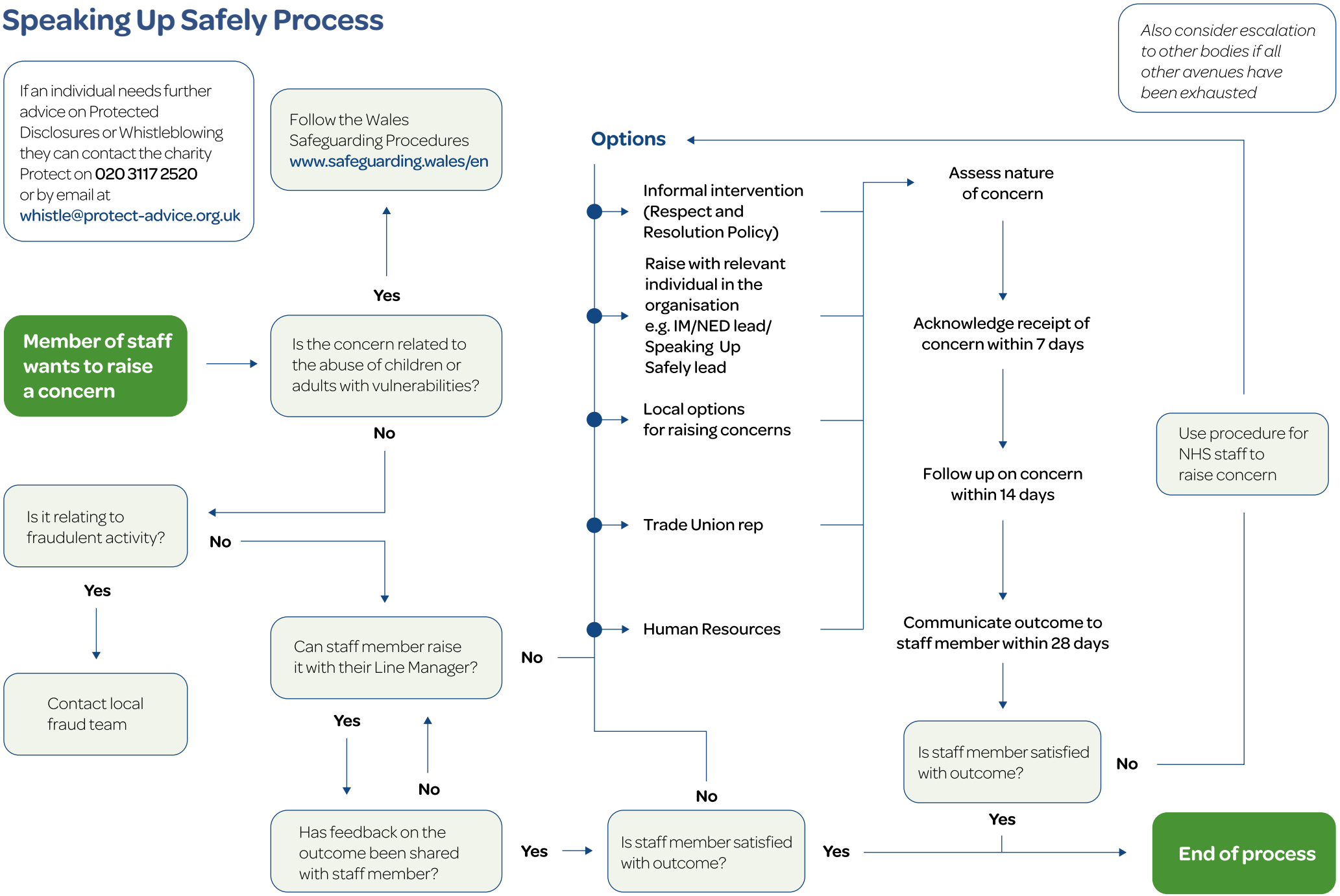
Organisations across NHS Wales are committed to embedding speaking up safely as part of their cultures. To enable this, various methods and means will be used to ensure staff feel safe and comfortable in speaking up. This will vary across organisations as they implement local methods to support this agenda. There will be transparency where possible, on any actions taken because of staff speaking up to show they have been actively listened to.

The need for speaking up safely to be firmly embedded into everyday life and cultures across NHS Wales is a priority. The way and means of doing this will evolve with new initiatives added to ensure that issues can be safely explored.

"Culture change is not a one-off event, but requires constant attention and development."

Sir Robert Francis QC, 2015

Speaking Up Safely Process



Frequently Asked Questions

1. **I have a concern and I need to speak to someone, who do I tell?**

   Staff should be able to raise concerns with their line manager during routine discussions on service delivery and patient care, (e.g. problem-solving, service review, performance improvement, quality assessment, training, and development) as these are the most effective mechanisms for early warning of concerns, wrongdoing, malpractice or risks. Line managers are best placed to act on, deal with and resolve such concerns at an early stage.

   However, in some circumstances, this may not be appropriate and there are other methods you can use to raise a concern if you cannot speak to your line manager. Your local organisation will have more specific advice on what support you can obtain when you want to raise a concern and some examples are listed below.

2. **What support can I access when I want to raise a concern**

   Trade/professional unions (TUs) – these can provide support, advocacy and representation at all stages.

   Well-being support – refer to your local well-being support services within your organisation, which can be found on local intranet, or via your line manager/TUs/HR department.

   Independent Member (IM)/Non-Executive Director (NED) – IMs and NEDs provide scrutiny and seek assurance that the speaking up culture is working in an organisation. You can speak to an IM/NED about speaking up but they won't advocate or represent you on your specific case. However they may advise you of the best way to get support in raising your issue.

   Your local organisation will have more specific advice on what support you can obtain when you want to raise a concern.

3. **Do I have to have evidence of wrong-doing to raise a concern?**

   You do not need to have absolute proof of the activities you want to report; a reasonable belief is sufficient. We encourage all individuals to raise their concerns as early as they can. Any evidence that you do have such as letters, memos, diary entries, DATIX etc. will be useful to assist any further investigations.

4. **Will I be responsible for investigating the concern?**

   No, your concern will be investigated by a nominated individual, if appropriate to do so.

5. **How will I know if my concern has been dealt with?**

   Once an individual has told someone of their concern, whether verbally or in writing, the information will be assessed to see what action should be taken. This may involve an informal, review or a more formal investigation.

   You will be told who is handling the matter, how you can contact them and what further assistance may be needed. If there is to be a formal investigation the manager to whom you have reported their concern will appoint an Investigating Officer.

   If an internal investigation takes place this will be undertaken thoroughly and as quickly as possible considering the matters to be investigated. At your request, you will receive a written summary of your concern, setting out how it will be handled along with a time frame.

6. **What happens if I don't agree with the outcome of my concern, or I don't feel that it was dealt with properly?**

   The individual raising the concern will be entitled to a verbal response, as a minimum, and where appropriate, a written response may be required (noting any request to remain anonymous).

   The person responsible for providing this response will be either the manager to whom the concern was addressed, or the individual identified to provide such responses in any local processes in place to ensure that concerns can be raised.

   If you feel that your concern has not been dealt with appropriately, please contact your local Workforce and OD team for more information on how to escalate your concern.

7. I want to raise a concern, but I want to remain anonymous because I'm worried that I'll be treated differently if I make myself known.

You are encouraged to raise concerns openly. However, there may be circumstances when individuals may request that their identity is not revealed. In this case, the organisation will not disclose their identity without their consent unless required to by law.

There may, however, be times when the organisation may be unable to resolve a concern without revealing the individual's identity, for example where personal evidence is essential. In such cases, the organisation will discuss with the individual whether and how the matter can best proceed.

Where the concern is a matter of staff or patient safety in line with Duty of Care, there may well be a need for escalation and anonymity may not be able to be maintained. Where this cannot be avoided, however, this will be made clear to the individual who has raised the concern.

8. What happens if someone raises a concern that they know isn't true?

We acknowledge that in a very small number of cases, allegations may be made which are malicious or vexatious. Making allegations that are known to be false will be considered a serious matter. If it is concluded that an individual has deliberately made false allegations maliciously or vexatiously, or for personal gain, then the organisation may begin an investigation under the Disciplinary policy and procedure.

9. What does the term 'Whistleblowing' mean?

Whistleblowing is the term used when a member of staff raises a concern about a possible risk, wrongdoing or malpractice that has a public interest aspect to it, usually, because it threatens or poses a risk to others (e.g., patients, colleagues or the public).

This may include:

- systematic failings that result in patient safety being endangered, e.g., poorly organised emergency response systems, or inadequate/broken equipment, inappropriately trained staff
- poor quality care
- acts of violence, discrimination or bullying towards patients or staff
- malpractice in the treatment of, or ill-treatment or neglect of, a patient or client
- disregard of agreed care plans or treatment regimes
- inappropriate care of, or behaviour towards, a child/vulnerable adult
- the welfare of subjects in clinical trials
- staff being mistreated by patients
- inappropriate relationships between patients and staff
- illness that may affect a member of the workforce's ability to practise in a safe manner
- substance and alcohol misuse affecting ability to work
- negligence
- where a criminal offence has been committed/is being committed/or is likely to be committed (or you suspect this to be the case)
- where fraud or theft is suspected
- disregard of legislation, particularly in relation to Health and Safety at Work
- a breach of financial procedures
- undue favour over a contractual matter or to a job applicant has been shown
- information on any of the above has been/is being/or is likely to be concealed.

If an individual needs further advice, they can contact the charity Protect on **020 3117 2520**, or by email at whistle@protect-advice.org.uk.

Protect can advise individuals how to go about raising a matter of concern in the appropriate way at https://protect-advice.org.uk/.

There are prescribed bodies for Whistleblowing in Wales. You can find more information in stage 4 of the All Wales Procedure for NHS Staff to Raise Concerns. Namely these prescribed bodies include but are not limited to, Health Inspectorate Wales (HIW), Audit Wales, the Police and the Health and Safety Executive.

Alternatively, the Department of Health also provides a free, independent confidential advice service for NHS and Social Care employees and employers in England and Wales known as Speak Up.

They can be contacted on **08000 724 725** or via their website at https://speakup.direct/

Toolkit 3: **What to do if someone has 'Spoken up to you'**

There are three areas to consider when someone speaks up to you.

1. **Recognition and validation of the courage to speak up:**
    a. It is a big step for individuals to come to you raising a concern. It takes both courage from the individual and demonstrates their trust in you. You should thank them for choosing to share and for trusting you with this, reassure them that you know they must have thought long and hard before coming forward and that you are here to listen and agree what happens next.
    b. In most cases, individuals who raise a concern believe there are grounds for their concern. It has taken a lot of courage for them to raise the concern/s and it is important not to dismiss this, even if your view may differ.
    c. Validation of someone's concerns does not mean that you necessarily agree with them; it simply means you understand the impact their view and experience has had on them.
2. **Non-judgmentally and actively listening the concerns raised:**
    a. Active listening means demonstrating you are hearing and understanding what you are being told. This can be achieved by using skills such as reflecting and summarising; and being present – a private space without interruptions and distractions would be beneficial.
    b. Be open to the concerns. While concerns can sometimes feel personal or suggest that you are being criticised, it is often the case that it is organisational elements which need to be considered. Take time to move your attention to what the individual is saying and think about how they might be feeling; there will be time for you to think about it from your own perspective after the discussion.
    c. Take it as an opportunity to learn and develop your team/service; even if it was not the service's or team's or an individual's intention to cause concern, it is important to recognise the impact on individuals.
    d. Be aware that you may have a different perspective and different lived experiences from the individual raising the concern, but don't dismiss them because you don't agree with their perspective. Think about how to see it from their point of view
    e. Be aware of your own positions of power and privilege in the conversation, and how can you ensure these power and privilege dynamics are minimised to enable the person to feel comfortable speaking up to you.
3. **Action taken as a result of speaking up:**
    a. Once someone has spoken up, it is important to ensure both they and anyone impacted by the concern are aware of, and have access to, support. Your local organisation will have more specific advice on what support can be accessed when speaking up.
    b. advice on what support can be accessed when speaking up
    c. The concern may be highly emotional or challenging, so it's important to recognise that we often benefit from taking a pause before acting unless there is immediate risk.
    d. As a manager, you may not have all the answers. Nor do you always have the power to make the changes that the person who raises the concerns wishes to see.

e. Agree how often and by what means you will keep the person informed of the process and of the steps taken from the point of them discussing their concerns with you.

f. It is important that you implement what elements you can and, as a minimum, implement everything that you say you will do. This is vital in maintaining trust.

g. For those elements on which you cannot have an impact, it is suggested these are escalated through appropriate channels.

h. Whatever happens, it is hugely important this is fed back to the individual who has spoken up. It is important that individuals don't feel that they haven't been heard or their concerns haven't been taken seriously; this is just as vital for our services, so that others can feel confident to speak up, as it is for the individual who has done so to you.

Remember most people in public service do so as they have a shared goal - to ensure the experiences of patients and staff are improved and are the best they can be. Starting conversations from this shared perspective will always be helpful.

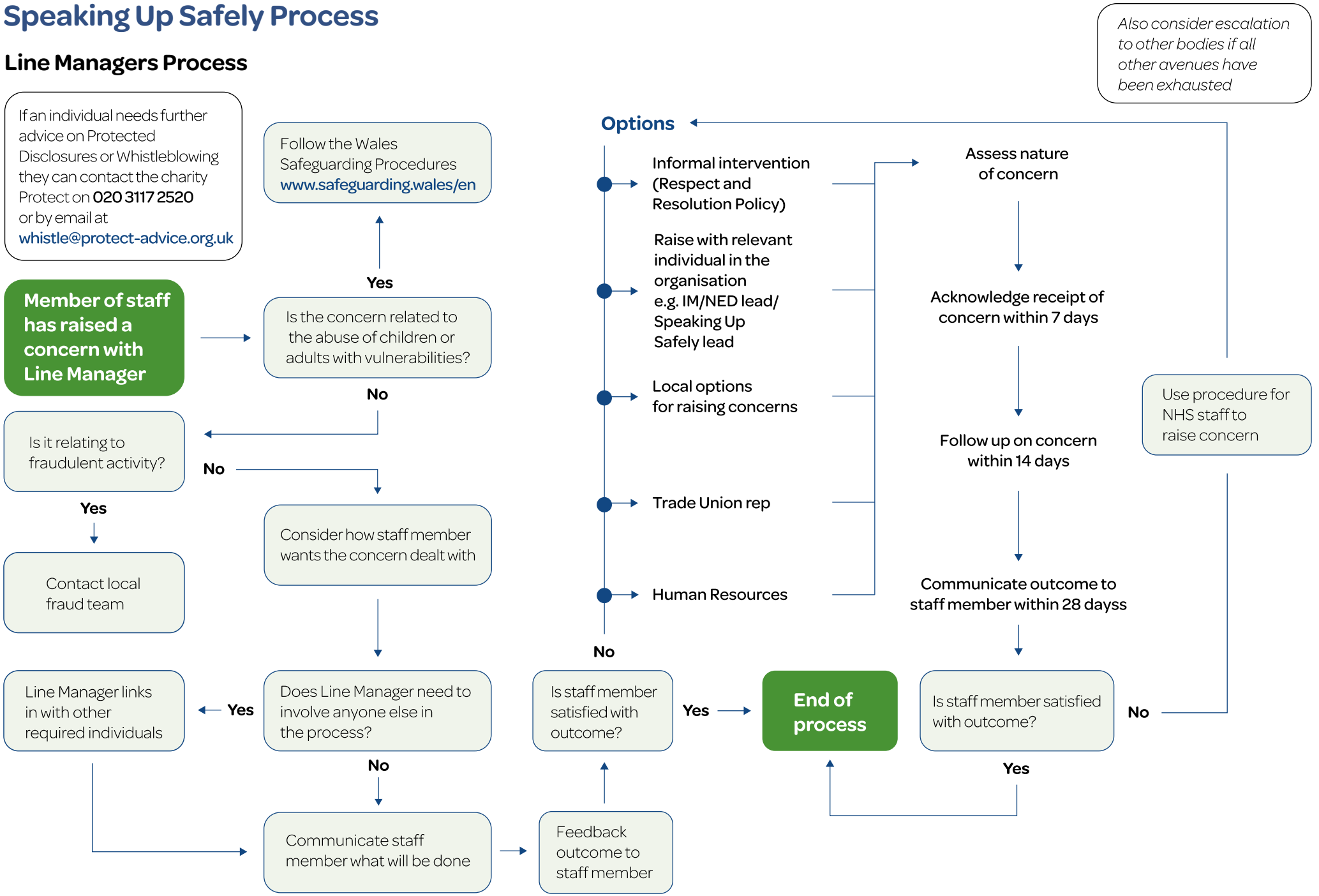
The Process

The above outlines how you should approach conversation, but there are important steps you must take as a manager. These are outlined in the attached line manager process. Managers must:

- Listen to the concern that is being raised. If the concern is related to the abuse of children or adults with vulnerabilities, the Safeguarding Wales Processes should be followed.
- Once the concern has been raised, consider how the person want it dealt with. If you need to involve anybody else in the process, do so at this point. Or deal with it yourself if possible.
- Once it has been raised, it is important you communicate regularly with the individual to inform them of the outcome or action you have taken as a result of the concern being raised. You should also consider how you will share any learning about the concern more widely.
- If the issue is not within your ability to be managed, this should be clearly communicated with the individual.
- Once the outcome of the concern has been discussed with the individual, they should be informed of the other ways available to them to raise the concern if they are not satisfied with the outcome, as per the Line Managers Process.

Speaking Up Safely Process

Line Managers Process



The aim is to foster a culture where concerns are openly raised, are dealt with promptly and appropriately and escalated appropriately if required. There are specific legal requirements on organisations should the concerns be considered as Whistleblowing or a Protected Disclosure. More information on whistleblowing is available in the FAQs in toolkit 2 and you can find more information in the **All Wales Procedure for NHS Staff to Raise Concerns**.

A protected disclosure is defined in law by the Employment Rights Act (ERA) 1996. For a concern to be classed as a protected disclosure it needs to meet certain requirements under the ERA (1996) and tends to show one or more of the following:

- That a criminal offence has been committed, is being committed or is likely to be committed
- That a person has failed, is failing or is likely to fail to comply with any legal obligation to which they are subject
- That a miscarriage of justice has occurred, is occurring or is likely to occur
- That the health or safety of any individual has been, is being or is likely to be endangered
- That the environment has been, is being or is likely to be damaged, or
- That information tending to show any matter falling within any one of the above has been, is being or is likely to be deliberately concealed.

If you suspect the concern the member has raised potentially meets these requirements, you should discuss with the local Workforce and OD department for further advice and guidance.



Toolkit 4: **Recording and monitoring of concerns**

Points for recording and monitoring of individual concerns

Data Point 1: **Type of concern and characteristics**

(Note this data should be aggregated, and reported to the Board Committee with responsibility for Speaking Up Safely at least annually)

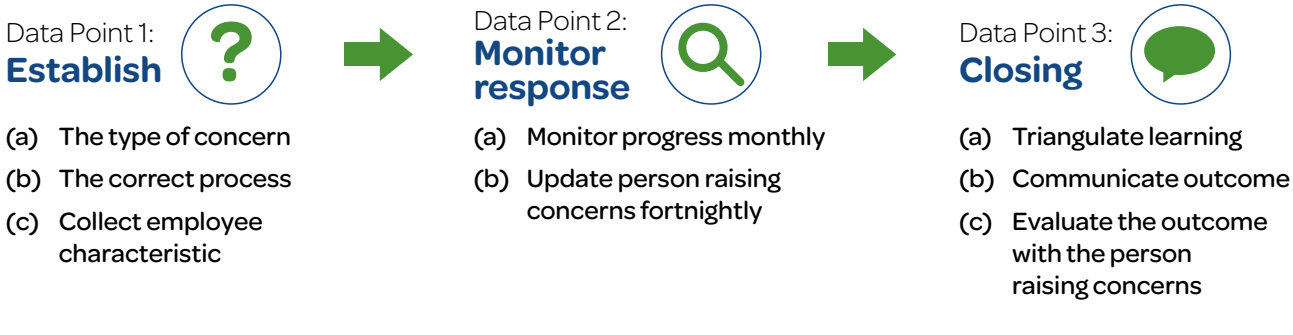
- Type of concern: Patient safety, Bullying/ harassment, Incivility, Fraud, Management Concerns, System and Process, Discrimination/Inequality, Behaviour/ Relationship, Worker Safety, Other. N.B. The 'usual' approach is for any 'guardians' to assign the 'type' of concern, in conjunction with the Workforce and OD team.
- Establish whether other existing processes are more appropriate: Respect and Resolution; Fraud; Incident Reporting.
- Establish Employee characteristics: staff/ temporary staff/student; staff group; department and directorate; protected characteristics; N.B. organisations and guardians have identified this as a potential point of tension with anonymity.
- Is the concern raised anonymously?
- Establish the lead/s for responding to the concern.

Data Point 2**: Monitor the response**

- Monthly progress check with lead for response and the Workforce and OD Team.
- Feedback fortnightly to the person speaking up.

Data Point 3: **Closing**

- Triangulate with other concerns.
- Indicate case as closed.
- Identify and agree the outcome with the Workforce and OD Team.
- Identify the learning and/or improvement resulting from the concern.
- Evaluate the experience of the person speaking up and the person responding.



Further resources

- National Guardians Office for England:
  https://nationalguardian.org.uk/
- HIW Guidance on Speaking Up:
  https://hiw.org.uk/speaking-keep-people-safe
- HEIW: Compassionate Leadership Principles
  https://nhswalesleadershipportal.heiw.wales/compassionate-leadership
- NHS Wales Respect and Resolution Policy and Processes:
  https://heiw.nhs.wales/files/programmes-resources/respect-and-resolution-at-work-policy/
- HEIW – Healthy Working Relationships:
  https://nhswalesleadershipportal.heiw.wales/healthy-working-relationships
- Just and Restorative Culture:
  NHS England » A just culture guide;
  The Mersey Care Just and Learning Culture
- Epistemic Injustice : Epistemic Injustice | Department of Philosophy | University of Bristol
- BMJ Research Article on Speaking Up and Culture within the NHS:
  Interprofessional model on speaking up behaviour in healthcare professionals: a qualitative study | BMJ Leader

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Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg / We welcome correspondence and telephone calls in Welsh